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(Requestor's Name)					
(Address)					
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(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					





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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 1, 2003

RICHARD EMANUEL 931 VILLAGE BLVD., SUITE 905, RM. 89 W. PALM BCH, FL 33409

SUBJECT: DE & ASSOCIATES, INC. Ref. Number: W03000009258

We have received your document for DE & ASSOCIATES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham Document Specialist New Filings Section

Letter Number: 203A00019618

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	DETASSOCIATES INCORPORATED (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)
	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REOUIRED
			_

FROM:

RICHARD EMANUEL

Name (Printed or typed)

931 VILLAGE BLVD. SwiTE ## 905-Rm##89

Address

WEST PALM REACH, FL.33409

City, State & Zip

305-301-4731

NOTE: Please provide the original and one copy of the articles.



In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I

The name of the corporation shall be: EMANUEL & ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 931 village BLUD.

SuiTE#905-Rm#89 WEST PALM BRACH, FL.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV

The number of shares of stock is: $\stackrel{\textstyle \smile}{\sim}$

INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

RICHARD EMANUEL 931 VILLAGE BLUD. SUITE # 905-RM# 89 We ST PALMBEACH, FL.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Kichard Emanuel 931 Suite # 905- Rm# 89 WEST PALM BEACH, FL:

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KICHARD EMANUEL 931 VILLAGE BLUD, SUITE HT 905-RM # 89, \$3409 WEST PALM BEACH, FL. \$3409

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent